

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office of the Assistant Secretary for Health, Office of Adolescent Health

FUNDING OPPORTUNITY TITLE: Announcement of Availability of Funds for Phase I Replicating Programs (Tier 1) Effective in the Promotion of Healthy Adolescence and the Reduction of Teenage Pregnancy and Associated Risk Behaviors

ACTION: Notice

ANNOUNCEMENT TYPE: INITIAL COMPETITIVE COOPERATIVE AGREEMENT

FUNDING OPPORTUNITY NUMBER: AH-TP1-18-001

CFDA NUMBER: 93.297

CFDA PROGRAM: TEEN PREGNANCY PREVENTION PROGRAM

DATES:

Non-binding Letters of Intent: We are requesting non-binding letters of intent. Your letter of intent is due **May 21, 2018**.

Technical Assistance:

A technical assistance webinar for potential applicants will be held within 30 days from the posting of this announcement. Please visit <https://www.hhs.gov/ash/oah/grant-programs/funding-opportunities/index.html> for more information.

Please be sure to review the entire announcement promptly so you can have any questions answered well in advance of the application due date.

Applications: Your application is due June 29, 2018 by 6 p.m. Eastern Time. To receive consideration, you must submit your application electronically via Grants.gov no later than this due date and time. If you do not submit your application by the specified deadline, we will

return it to you unread. You must submit electronically via Grants.gov unless you obtain a written exemption from this requirement 2 business days in advance of the deadline from the Director, HHS/Office of the Assistant Secretary for Health (OASH) Office of Grants Management (OGM). To obtain an exemption, you must request one via email from the HHS/OASH OGM, and provide details as to why you are technologically unable to submit electronically through Grants.gov. Your request should be submitted at least 4 business days prior to the application deadline to ensure your request can be considered prior to 2 business days in advance of the deadline. If you request an exemption, include the following in your e-mail request: the HHS/OASH announcement number; your organization's DUNS number; your organization's name, address and telephone number; the name and telephone number of your Authorizing Official; the Grants.gov Tracking Number (for example, GRANT####) assigned to your submission; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request with supporting documentation to ogm.oash@hhs.gov. Note: failure to have an active System for Account Management (SAM) registration prior to the application due date will not be grounds for receiving an exemption to the electronic submission requirement. Failure to follow Grants.gov instructions to ensure software compatibility will not be grounds for receiving an exemption to the electronic submission requirement.

The HHS/OASH OGM will only accept applications via alternate methods (hardcopy paper via U.S. mail or other provider or PDF via email) from applicants obtaining prior written approval. If you receive an exemption, you must still submit your application by the deadline. Only applications submitted through the Grants.gov portal or alternate format (hardcopy paper via U.S. mail or other service or PDF via email) with an

approved written exemption will be accepted. *See* Section D.7 (“Other Submission Requirements”) for information on application submission mechanisms.

To ensure adequate time to successfully submit your application, HHS/OASH recommends that you register as early as possible in Grants.gov since the registration process can take up to one month. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or support@grants.gov.

Your organization is strongly encouraged to register multiple authorized organization representatives in Grants.gov to ensure someone is available to submit your application.

EXECUTIVE SUMMARY: The Office of Adolescent Health announces the availability of funds for Fiscal Year (FY) 2018 **cooperative agreement awards** under the authority of Division H, Title II of the Consolidated Appropriations Act, 2018 (Public Law No. 115-141). The Office of Adolescent Health announces two teen pregnancy prevention funding opportunities:

Tier 1, in which grantees are required to replicate a program and

Tier 2, in which grantees are required to test new and innovative strategies.

This notice solicits applications for Tier 1 projects to replicate and scale up one of two programs that include the protective factors shown to be effective in preventing teen pregnancy and/or sexual risk behaviors with youth. The two options are outlined in the following programs:

1. Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs,
<http://go.etr.org/17-characteristics>

2. Systematic Method for Assessing Risk-avoidance Tool (SMARTool),

<https://www.myrelationshipcenter.org/getmedia/dbed93af-9424-4009-8f1f-8495b4aba8b4/SMARTool-Curricula.pdf.aspx>

Projects are required to replicate a risk avoidance model or a risk reduction model that incorporates the common characteristics outlined in one of the two programs. The project must address each of the components listed in the chosen program. Projects funded under this funding announcement will implement in Phase 1.

Phase I: The objective for Phase I is to establish project merit, fidelity to the program guidelines, feasibility, and capability of generating preliminary data prior to seeking further support for Phase II. Phase I awards will have a ceiling of up to \$500,000 per year for a period of 24 months (two 12-month budget periods). The anticipated **project** period is from 09/01/2018 through 08/31/2020. We anticipate awarding approximately 270 Phase I projects.

Phase II: Phase II constitutes a separate competition and will be limited to those grantees who have successfully implemented the selected program model, as determined by an expert review panel. The objective for Phase II is to build upon results achieved in Phase I. Funding for Phase II will be based on the success of their project, the merit and feasibility of the Phase II proposal, and the availability of funds. We anticipate Phase II awards will have a ceiling of \$1,000,000 per year for two years. The anticipated project period is from 09/01/2020 through 08/31/2022. OASH/OAH anticipates accepting Phase II applications in Spring 2020 subject to the availability of funds.

Findings in Phase I may require applicants to modify their plans for Phase II from what was proposed in Phase I; modifications in scope or direction will need to be justified in Phase II applications.

The anticipated project period discussed in this announcement is an estimate. Whether funding beyond the first budget year may be awarded in non-competitive continuation awards instead of through a competitive process will be subject to an appropriation by Congress permitting HHS/OASH to make continuation grants, and is subject to other terms and conditions as required by the Notice of Award.

HHS/OASH encourages applicants to review all program requirements, eligibility information, application format and submission information, evaluation criteria and other information in this funding announcement to ensure that its application complies with all requirements and instructions.

A. PROJECT DESCRIPTION:

Purpose

The purpose of this funding opportunity announcement (FOA) is to replicate and scale up programs that include the protective factors shown to be effective in the prevention of risk behaviors, including teen pregnancy. The overall goal is to promote healthy adolescence and to address youth sexual risk holistically or across the interrelated factors that promote optimal health and result in healthy decision-making and teen pregnancy prevention.

Target populations

Applicant should target participants and communities most at risk. Applicants should select a population(s) within a community that has a teen birth rate, STD rate, sexual activity rate, or

other measure of sexual risk that is either at or above the national average as published in a current federal report or one that has not experienced a decline commensurate with national declines.

Each selected community must be defined by clear geographic boundaries in order to assure that the number of youth served can be identified and sexual risk rates can be monitored.

Background

The Teen Pregnancy Prevention program is designed to give youth the information and skills that will enable them to prevent pregnancy and related risks, in order to successfully navigate adolescence into adulthood. This funding announcement will fund projects that will serve, at a minimum, those populations identified by current federal statistical reports as being most vulnerable to teen pregnancy, STDs, multiple partners and other risks associated with sexual activity.

In 2016, teen birth rates in the United States continued to drop to a record low since their peak in the early 1990's. The birth rate for teens aged 15-19 declined nine percent from 2015 to 2016 to 20.3 births per 1,000 women and declined 51 percent since 2007 [1]. Additionally, among high school students, there was a significant decrease in prevalence of having ever had sex from 2013 (46.8%) to 2015 (41.2%) and a significant decrease in having had sex in the last three months from 2013 (34.0%) to 2015 (30.1%) [2].

According to the January 2018 MMWR report by the Centers for Disease Control and Prevention's (CDC), the majority of teens have never had sex and the percentage of teens who have never had sex has set a new record, making this funding announcement especially relevant for reinforcing these healthy choices. The majority of teens from every ethnicity have not had

sex, with the most impressive decreases among African-American and Hispanic youth, demonstrating the broad appeal for avoiding sexual risk. [2]

However, more work remains. The 2015 Youth Risk Behavior Surveillance report notes that many high school students are still engaged in sexual risk behaviors related to unintended pregnancies and sexually transmitted infections (STIs), including HIV infection. [2] Despite the progress that has been made to reduce teen pregnancy and sexual risk taking, there were still approximately 209,480 births to women aged 15-19 in 2016 [1], and young people age 15 to 24 account for nearly one-half of all new cases of sexually transmitted infections [3]. While nationwide the majority of teens have not had sex, still 41.2% of students had ever had sexual intercourse, 30.1% had had sexual intercourse during the 3 months before the survey (i.e., currently sexually active), and 11.5% had had sexual intercourse with four or more persons during their lives. Trend data related to condom use is instructive, since among the array of birth control methods, only the condom offers any reduction of risk against STIs. For pregnancy prevention, trend data is additionally available for birth control pills, for which usage is largely unchanged. Almost 14% did not use any method to prevent pregnancy during last sexual intercourse, though usage of long-acting reversible contraception (LARC) has increased since recently tracked by the CDC.

In addition, current teen birth rates occur among those who are the most vulnerable[4]. Youth who are homeless, living in foster care, or involved with the juvenile justice system experience disproportionately high rates of teen pregnancy along with other negative health outcomes. Nationally representative data of all youth in the child welfare system show that roughly one-third (34%) of 17-year-old girls had experienced a pregnancy [5]. Fourteen percent of youth in custody report having children [6]. Studies show that sexual risk behaviors increase

in teens who use alcohol, and are highest among students who use marijuana, cocaine, prescription drugs (such as sedatives, opioids, and stimulants), and other illicit drugs. According to the Centers for Disease Control and Prevention, teens who reported no substance use are the least likely to engage in sexual risk-taking demonstrating the effect of protective factors on risk avoidance.

Protective Factors

Protective factors work by reducing exposure to risk or encouraging behaviors that prevent negative outcomes, like teen pregnancy [7, 8]. Many risk behaviors, including teen sexual risk behaviors, teen pregnancy, violence, substance abuse and delinquency, have a shared set of risk and protective factors [8]. Projects to address protective factors may take a risk avoidance approach or a risk reduction approach and must be consistent with the program guidance. Working to build and enhance these shared protective factors can lead to prevention of other risk behaviors that can threaten the health and well-being of a teen. For example, the *40 Developmental Assets* identifies significant internal and external protective factors that both domestic and international research has related to decreasing high-risk behaviors and improving youth thriving. [48].

As noted by the Lancet Commission in 2016, investing in adolescent health and wellbeing will “bring benefits today, for decades to come, and for the next generation [9].”

Table 1: Protective Factors for Preventing Teen Pregnancy and Improving Adolescent Health	
	Protective Factors
Youth	<ul style="list-style-type: none"> • Positive connections to supportive adults [10, 11,48] • Youth engagement and opportunities for active, meaningful involvement [10, 12,48] • Healthy relationships [10, 13,48] • Self-regulation and self-control [14, 15,48]

	<ul style="list-style-type: none"> • Planning and decision making [48] • Healthy lifestyle [48] • Sense of purpose and positive view of personal future [48]
Family/Caregiver	<ul style="list-style-type: none"> • Positive connections and communication with family and caregivers [10, 16, 48] • Parental involvement/Parental engagement [10, 17-19, 48] • Parental monitoring and boundaries [10, 20, 48] • Low family conflict [10] • Family beliefs and attitudes supportive of healthy behaviors [10, 21] • Models positive and responsible behavior [48] • High expectations [48]
Systems-Level	<ul style="list-style-type: none"> • Positive connections to schools [22,48], neighborhoods, organizations, and communities [10, 48] • Safe and secure places to live, learn, and play [23-26] • Environment supportive of healthy behaviors [10, 26, 48] • Coordinated, adolescent and family-centered services [10, 23, 27] • Supportive community norms [10] with clear boundaries and consequences [48]

Youth Protective Factors

Protective factors for youth are characteristics within a young person and their relationships with their peers that are associated with lower levels of risk-taking. For example, positive youth development research has shown that youth benefit from positive relationships with caring adults [11]. Active youth involvement is important for healthy adolescent development [24] and helps youth build leadership skills and develop positive relationships with adults [12]. Additionally, engaging youth can strengthen problem-solving skills, build self-esteem, and increase their influence and personal stake in the communities in which they are involved [28]. Youth who form safe, healthy relationships are more likely to do well in school and less likely to engage in risky behaviors [13]. Self-regulation is considered the foundation for lifelong functioning across multiple domains, including mental and physical health, academic

achievement, socioeconomic success, and in relationships [14, 29]. Children who improve in self-regulation over time experienced better outcomes (health, wealth, public safety) in adulthood compared to children who did not improve in their self-control [15]. In addition, high expectations are a powerful motivator for children and youth and low expectations have the opposite result [49, 50]. Children are less likely to engage in risk behaviors if they have sense of purpose and set goals for themselves [48].

Family/Caregiver Protective Factors

Teens' relationships with their parents, families, and caregivers can influence their other relationships and impact their behaviors. Teens are more likely to form positive relationships with peers and dating partners when they have positive relationships with their parents or guardians [16]. Authoritative and responsive parenting predicts higher levels of positive youth development outcomes for adolescents [18]. Students with involved parents are more likely to earn higher grades, attend school regularly, have better social skills, graduate high school, and go on to postsecondary education [19]. Parental monitoring has been shown to protect against early sexual debut and other risky sexual behaviors [20]. Engaging parents and families is important to teen pregnancy prevention efforts because youth report that parents influence their decisions about sex [30, 31]. Teens are less likely to have sex at an early age and have sex less frequently when they talk with their parents about sex, relationships, birth control, and pregnancy and when parents clearly communicate their values and expectations [17]. Research shows that connection and communication with family is associated with less sexual risk taking [32, 33]. Furthermore, family management problems and family conflict are associated with multiple problem behaviors including teen pregnancy, substance abuse, delinquency, school drop-out, and violence [8].

Systems-Level Protective Factors

For this FOA, the term system is defined as a group of regularly interacting or interdependent organizations that together form a network for distributing something or serving a common purpose. An existing system could include, but is not limited to schools, community colleges, existing after-school programs, juvenile detention facilities, or out-of-home care facilities. Systems-level protective factors focus on protective factors that would occur across the entire system. Positive connections to schools [22], neighborhoods, and communities, as well as to supportive and caring adults, are important to healthy adolescent development for all teens. The relationships that a teen experiences, within their family, school [22], and community, affect the development and the quality of their future relationships [24]. Living in a disorganized community, measured by such metrics as perception of crime, fighting, physical deterioration, and safety, was found to influence psychosocial well-being. When youth believe that adults in their neighborhood are concerned about their well-being, their perception of disorganization decreases and they are more likely to feel a sense of safety and security [25]. Youths' perceived neighborhood safety is positively associated with school attachment, defined as feeling a part of their school and viewing school as an accepting, caring, and fair environment [26]. Adolescents benefit from safe and secure places to live, learn, and play and adolescent and family-centered services that are coordinated [23, 24]. Further, adolescents enter health and social service systems in different ways and at different stages. The systems that serve youth are frequently fragmented and spread across multiple agencies and organizations. Increased coordination of services for teens would promote healthy development for all teens [10, 23, 27]. A community and systems-wide saturation approach can effectively communicate and amplify positive norms, socialize healthy behaviors and reinforce the value and potential of each adolescent.

Effective Programs Eligible for Replication

Through this FOA, OAH will fund projects that will replicate one of the two effective programs described in the summary. Strategies to address protective factors can take a risk avoidance approach or a risk reduction approach. Replications should be conducted to address the key elements of effective programs recognized by social science research to affect adolescent risk behaviors [34, 35]. Curriculum must be selected, with necessary adaptations made – or supplementary materials presented in tandem with an established curriculum – to address and replicate each of the elements in one of the two programs:

1. The Center for Relationship Education’s Systematic Method for Assessing Risk-Avoidance Tool (SMARTool) describes 9 elements essential for effective sexual risk avoidance. The nine elements of effective sexual risk avoidance projects include: (1) enhance knowledge of physical development and sexual risks and personal relationships, (2) support personal attitudes and beliefs that value sexual risk avoidance, (3) acknowledge and address common rationalizations for sexual activity, (4) improve perception of and independence from negative peer and social norms, (5) build personal competencies and self-efficacy to avoid sexual risk, (6) strengthen personal intention and commitment to avoid sexual activity, (7) identify and reduce the opportunities for sexual activity, (8) strengthen future goals and opportunities, and (9) partner with parents [34].
2. The Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs, developed by ETR describes 17 elements of effective sexual risk reduction

projects [35]. The 17 elements include: (1) involved multiple people with different backgrounds; (2) assessed relevant needs and assets of the target group; (3) used a logic model approach to develop the curriculum that specified the health goals, behaviors affecting the health goals, risk and protective factors affecting those behaviors, and activities addressing the risk and protective factors; (4) designed activities consistent with community values and available resources; and (5) pilot-tested the project; that the contents of the curriculum (6) focused on clear health goals; (7) focused narrowly on specific behaviors leading to the health goals, gave clear messages about the behaviors, and addressed situations that might lead to them and how to avoid them; (8) addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors; (9) created a safe social environment for youth to participate; (10) included multiple activities to change each of the selected risk and protective factors; (11) employed instructionally sound teaching methods that actively involved the participants, helped them personalize the information, and were designed to change risk and protective factors; (12) employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age, and sexual experience; and (13) covered topics in a logical sequence; and that the implementation of the curriculum (14) secured at least minimal support from appropriate authorities, (15) selected educators with desired characteristics, trained them, and provided monitoring, supervision, and support; (16) if needed, implemented activities to recruit and retain youth and overcome barriers to their involvement; and (17) implemented virtually all activities with reasonable fidelity [35].

While recognizing that approaches may lie along a continuum between the two programs:

- Those that identify as risk reduction, should replicate the Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs, developed by ETR.
- Those that identify as risk avoidance are expected to replicate the Center for Relationship Education's Systematic Method for Assessing Risk-avoidance Tool (SMARTool), which describes 9 elements essential for effective sexual risk avoidance.
- Projects that are on a continuum between the two teen pregnancy prevention programs may select either of the two programs which identify successful elements for addressing youth risk. Applicants must describe in detail how they will replicate each element of one of the two programs.

OAH Expectations of Recipients

In addition to the requirement that recipients replicate one of two programs, there are additional expectations that should be implemented by all recipients throughout the two-year project period. Additional information is available under the *Performance Measures* portion of this FOA.

1. Public Health Priorities for Implementation. After selecting one of the two effective programs, each applicant should then describe how they will also emphasize priorities that comport with public health protocols for addressing negative risk behaviors:

- Weaving the goal of optimal health into every component of the project.

Optimal health is a term that refers to the best possible outcomes for an individual's physical, emotional and social health. [51] Optimal health is integral to health promotion

across a variety of health domains as it creates “opportunities that open access to environments that make positive health practices the easiest choice.”¹

- Clearly communicate risk. Projects will clearly communicate that teen sex is a risk behavior for both the physical consequences of pregnancy and sexually transmitted infections; as well as sociological, economic, and other related risks. The CDC considers teen sex to be a risk behavior, together with other risk behaviors, such as drug use, lack of physical activity, and failing to use a seatbelt when riding in a car, as indicated by inclusion in the Youth Risk Behavior Survey.²

Both risk avoidance and risk reduction approaches can and should include skills associated with helping youth delay sex as well as skills to help those youth already engaged in sexual risk to return toward risk-free choices in the future. Along the continuum of sex education strategies, Sexual Risk Avoidance is the natural approach for an emphasis on sexual delay because of the prominence given to primary prevention. Sexual Risk Reduction is the natural approach for an emphasis on cessation support because of the prominence given to reducing risk among sexually active youth. This funding announcement requires all grantees to implement strategies that will help youth achieve healthier outcomes.

- Providing skills to avoid sexual risk. Providers should therefore place a priority on providing information and practical skills to assist youth in successfully avoiding sexual risk. Sexual risk is defined as engaging in any behavior that increases one’s risk for any

¹ O’Donnell, M.P. (2009) Definition of Health Promotion 2.0: Embracing passion, enhancing motivation, recognizing dynamic balance and creating opportunities. American Journal of Health Promotion. Sept/Oct. 2009:24(1). Pp iv.

² CDC (2015) Youth Risk Behavior Survey: US 2015 Results. Accessed 4/15/2018 at <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=XX>

of the unintended consequences of sexual activity, including, but not limited to pregnancy.

- Providing cessation support. In addition, recipients will provide affirming and practical skills for those engaged in sexual risk to make healthier and risk-free choices in the future, thereby improving the chances for achieving optimal health outcomes.

In addition, applicants should:

Propose projects that will serve, at a minimum, those populations identified by current federal statistical reports as being most vulnerable to teen pregnancy, STDs, multiple partners and other risks associated with sexual activity.

Propose to serve age groups most likely to engage in sexual risk behaviors. While younger adolescents may be included in the project, OAH expects that services will also focus on high school students 15-19 years of age, recognizing the importance of reinforcing healthy decision-making throughout adolescence.

Describe how successful applicant will ensure that the approach will be age appropriate, relevant to the proposed target population(s) and aligned with specific needs identified. Age appropriate means it will be appropriate for the general developmental and social maturity of the targeted age group (as opposed to the cognitive ability to understand a topic, or the atypical maturation, of a small segment of the targeted population).

Design their project in such a way to increase the potential to make meaningful impacts.

2. Evaluation and Testing Recipient Expectations

The purpose of this funding opportunity is to fund the evaluation of replication strategies that focus on protective factors shown to prevent teen pregnancy, improve adolescent health, and address youth sexual risk holistically. All funded projects will undertake evaluation.

- Years 1-2: Formative and process/implementation evaluation should take place before and during the project's implementation in order to ensure feasibility and ongoing quality improvement of both project design and performance. Recipients are expected to continuously improve the quality of the project, by assessing whether the project is being implemented as intended and is relevant and resonant with the intended audience. Though not required, projects may also include an economic evaluation to determine the cost-effectiveness of the project. Please note, however, that an economic evaluation does not take the place of formative and process/implementation evaluation. More information may be found at <https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>

Recipients will be expected to collect data to monitor the ongoing implementation, and to use the data to make continuous quality improvements to the project/strategy to ensure that high-quality programming and high-levels of participant engagement are maintained. In tandem with individually designed process/implementation evaluation, recipients will also be required to collect and use performance measures to make continuous quality improvements. All recipients are expected to collect a common set of performance measures to assess project implementation and outcomes and use measures for learning. Recipients must collect all performance measures and report to OAH on a semi-annual basis (pending OMB approval). Final performance measures will be provided to recipients during the first six months of funding and may include

measures on reach, dosage, implementation quality, sustainability, partnerships, trainings, and dissemination. Recipients should review relevant state laws, organizational policies, and other administrative procedures of their sites or partner organizations to ensure the feasibility of data collection. Recipients should obtain any necessary permissions to collect required data.

- Year 2: As a part of the current application, all applicants should propose a summative outcome/impact evaluation plan for year two. Selected projects may begin this evaluation at the beginning of year two, depending upon readiness, based on results from formative and process/implementation evaluation. Projects ready to begin a summative outcome/impact evaluation in Year 2 may be eligible to receive additional funding to implement such evaluation, depending upon the availability of funds. Eligible projects will be notified of their selection to participate in summative/outcome/impact evaluation before the second year begins in order to expedite the research effort. Evaluations may include (1) evaluations of a project or strategy to determine its effectiveness (referred to as “Project Evaluation” hereafter), (2) evaluations of key components of existing programs or strategies to determine which parts of the program or its implementation are most important for obtaining outcomes (referred to as “Component Testing” hereafter), (3) methodological projects to test a project/strategy’s logic model or different ways of implementing the project/strategy to learn more about how to enhance impacts (referred to as “Methodological Evaluation” hereafter), or (4) any combination of the previous three types of evaluations. (For example, a Randomized Controlled Trial project evaluation that tests both overall project effectiveness *and* is also designed and powered to test the effectiveness of a particular component, such as parent sessions).

To be eligible for funding, each applicant must demonstrate that (1) the project/strategy is implementation-ready (See **Table 4** below) and will replicate all elements of 1 of 2 programs - either the SMARTool or the Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs - and (2) there is demand for the program from the target population. **Table 5** provides the definitions for emerging/promising, moderate, and strong levels of scientifically valid evidence. Scientifically valid evidence must be based on objective scientific principles, including study design, statistically proven outcomes, outcomes/measures that accurately gauge risk reduction or avoidance behavior, and must be generalizable according to setting and student demographics.

Table 4: Characteristics to Demonstrate Implementation-Readiness
<ul style="list-style-type: none"> • Name for the program to be replicated and any curricula that will be used to replicate the selected program.
<ul style="list-style-type: none"> • Clear theory or theory of change
<ul style="list-style-type: none"> • All materials needed for implementation available, clear, and fully developed
<ul style="list-style-type: none"> • Procedures and activities of the program fully developed and clear
<ul style="list-style-type: none"> • Population for whom the program designed is clear
<ul style="list-style-type: none"> • Who implements program, including their unique qualifications, is clear
<ul style="list-style-type: none"> • Mode of delivery is determined (i.e. face-to-face; electronically; individual, group, mixed)
<ul style="list-style-type: none"> • Location/setting of program delivery is determined
<ul style="list-style-type: none"> • Fidelity measures or monitoring mechanism available for program

Develop and Implement a Two-Year Evaluation Agenda

Recipients are expected to develop and implement a two-year evaluation agenda that includes plans for all proposed formative and process/implementation evaluation, as well as a proposal for rigorous evaluation and testing. The evaluation agenda should clearly identify the individual evaluation studies proposed as a part of the agenda, the type of evaluation for each (i.e., project evaluation, component testing, methodological evaluation), and the timing for each.

Recipients are expected to submit their two-year evaluation agenda for review and approval by OAH before beginning implementation of their project. Recipients will be expected to update their evaluation agendas at least annually to reflect any changes to the evaluation(s). All of these updates must be consistent with the scope and objectives of the approved application.

For each proposed evaluation, recipients are expected to conduct a formative and process/implementation evaluation throughout the project that systematically documents challenges, successes, and lessons learned to improve implementation and ensure successful execution strategies, and a summative evaluation to determine outcomes. The formative/process evaluation should assess whether the program was implemented as intended along with lessons learned. At a minimum, applicants should outline their plans for a formative/process evaluation by addressing adherence, quality, comparison group experience, contextual factors, and lessons learned. Recipients are expected to provide annual interim analyses from the process evaluation, beginning at the six month mark of year one, to demonstrate possible readiness for summative evaluation as well as the efficacy and utility of the project. Criteria for selection will be shared with grantees during the first 6 months of the first year of funding.

Recipients are expected to prepare a summative evaluation plan with annual intermediate results on behavior, attitudes, and intentions, for possible implementation beginning in year two of this grant among those recipients whose process evaluation shows readiness for summative research. For the summative evaluation, applicants should include their research questions and proposed success measures that align with the proposed approach. OAH will work with recipients to finalize the design, research questions, and measures for their summative evaluation, and will determine, based on the results from the recipient's process evaluation,

which recipients are ready and approved to move forward with conducting a summative evaluation.

Depending on the results of year one formative/process/implementation evaluation, recipients may be required to change the level of evaluation to measure the project effect as appropriate for their readiness for rigorous evaluation. However, all applicants should propose summative evaluations to meet the standards for at least moderate scientifically valid evidence, as defined in **Table 5**. Applicants are expected to demonstrate the rigor of all proposed summative evaluations by describing, for each study, the proposed research questions, proposed research design(s), discussion of the counterfactual and context, the target population, the consent methods, evaluation processes, outcomes/goals for the research, measures, data sources, data collection timing, procedures and modes of data collection, and potential analyses. (An example is provided in Appendix D: “Rigorous Evaluation Design Plan Template”

Use of an independent evaluator who is neither part of the publishing team, nor an author of the curriculum chosen is required for all summative evaluations. Applicants should discuss the capacity of their lead evaluator to design and implement evaluation(s) of the type(s) proposed within the evaluation agenda.

Recipients will be expected to submit a final evaluation report to OAH no later than 90 days after the funding period. OAH will provide recipients with specific guidance about the preparation of a final evaluation report. In addition, OAH expects funded recipients to retain their evaluation data for future secondary analyses for the period required by regulations. Recipients of awards are expected to publish or otherwise make publicly available the results of the work supported through the project, including the final evaluation report. The recipients and

its evaluator are expected to participate in technical assistance provided by OAH or its contractor(s).

Table 5: Definitions of Strong, Moderate, and Emerging/Promising Scientifically Valid Evidence	
Level of Evidence	Definition
Strong Evidence	<p>A well-designed, well-implemented randomized controlled trial</p> <p>Low rates of sample attrition overall and between the treatment and control groups (no more than 10% difference between groups of the final sample at analysis)</p> <p>Study demonstrates at least one sustained, statistically significant positive effect on an outcome that meaningfully reduces or avoids risk and is found for the entire relevant cohort (and not merely a subset of the cohort) related to preventing teen pregnancy, sexual risk behaviors, or other associated risk behaviors, and no statistically significant negative effects or potentially negative effects for any of the studied cohort.</p> <p>Study is conducted by an independent researcher not a part of the publishing company nor an author of the curriculum.</p> <p>Is based on a site sample that is sufficient to provide adequate power for the research</p>
Moderate Evidence	<p>A well-designed, well-implemented quasi-experimental design study or single experimental study</p> <p>Study demonstrates at least one sustained, statistically significant positive effect on an outcome that meaningfully reduces or avoids risk and is found for the entire relevant cohort (and not merely a subset of the cohort) related to preventing teen pregnancy, sexual risk behaviors, or other associated risk behaviors, and no statistically significant negative effects or potentially negative effects for any of the studied cohort.</p> <p>Study is conducted by an independent researcher not a part of the publishing company producing nor an author of the curriculum.</p> <p>Is based on a site sample that is sufficient to provide adequate power for the research</p>

Emerging/Promising Evidence	<p>At least one well-designed and well-implemented non-experimental study. Data should be qualitative <i>and</i> quantitative. Examples include: a descriptive or exploratory study; community-participatory study; economic analysis; implementation study; or correlational study; and</p> <p>Study demonstrates at least one sustained, statistically significant positive effect on an outcome that meaningfully reduces or avoids risk and is found for the entire relevant cohort (and not merely a subset of the cohort) related to preventing teen pregnancy, sexual risk behaviors, or other associated risk behaviors, and no statistically significant negative effects or potentially negative effects for any of the studied cohort. There is no evidence or theoretical foundation indicating that the program constitutes significant risk of harm or negative impact to those receiving it.</p> <p>Study is conducted by an independent researcher not a part of the publishing company nor an author of the curriculum.</p> <p>Is based on a site sample that is sufficient to provide adequate power for the research</p>
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3. Ensure project materials are medically accurate, age appropriate, culturally and linguistically appropriate, and trauma-informed

All materials used in the funded project are expected to be medically accurate, age appropriate, culturally and linguistically appropriate, and trauma-informed. Medical accuracy assures that statements neither understate nor overstate the facts and/or best medical evidence. For purposes of this announcement, the term “medically accurate” means the information will be referenced to peer reviewed publications by educational, scientific, governmental, or health organizations. Age appropriateness assures that topics and themes are appropriate for the age group and other specific characteristics of the target audience. The ability to cognitively

understand a concept is not evidence that the concept is age appropriate. Recipients are expected to conduct their own review of all materials to ensure they are medically accurate, age appropriate, culturally and linguistically appropriate, and trauma-informed. Recipients will certify that all materials are medically accurate prior to use. OAH may review for medical accuracy, if deemed necessary. Any necessary modifications must be made by the recipient to ensure medical accuracy.

Applicants who choose to use any copyrighted curriculum materials in their proposed project must include a signed agreement with the developer or purveyor of the materials that demonstrates that the applicant has permission to use the materials as planned. This should include, but is not limited to, permission to use the materials as proposed in the application and/or alter them as needed for compliance with OAH medical accuracy review. Without an agreement with the developer or purveyor the project will not be funded for implementation by OAH.

4. Training Project Staff

OAH expects funded recipients to implement, and maintain a training and technical assistance plan for the professional development of project staff that is relevant to their project. OAH expects funded recipients to select partners as needed to assist with training and professional development. If sub-awarding, the recipient should ensure training is provided to subrecipients as well as to recipient staff. Applicants should address plans for training staff within their project narrative and work plan.

5. Communication and Dissemination

Recipients are expected to have a robust communication and dissemination plan in place that aligns with their overall project and helps build and share knowledge gained. The communication and dissemination plan should include broadly publicizing information about the project. It should also include efforts to communicate and share knowledge, on-going activities, milestones, evaluation results, and lessons learned through the project. The recipient should use diverse dissemination and communication methods and techniques. At a minimum, recipients are expected to have an online presence for the project; use social media effectively; share lessons-learned as well as successes with key stakeholders and publish articles or present at professional conferences, as appropriate.

6. Partnerships and Collaboration.

OAH expects funded recipients to form partnerships and a collaborative culture to support the overall project. OAH does not expect one organization to have all the technical expertise necessary to carry out all aspects of the project. Rather, the applicant and its key partners should have the collective experience and expertise needed to successfully accomplish the goals and objectives. Key partners should be pre-established, but additional partners should be added or changed throughout the award period, as deemed appropriate by the recipient. The recipient is responsible for ensuring that partners meet expectations and successfully fulfill their roles and responsibilities. Applications should clearly demonstrate existence of the partnerships required to complete the project with letters of commitment, MOUs, or subawards. Upon award, funded recipients are expected to submit copies of all final agreements to OAH.

Funded recipients are expected to leverage resources and assets to ensure collaboration and avoid duplication where possible in order to increase impact.

7. Plan for Sustainability

Recipients are expected to design their project with sustainability in mind from the very beginning of the grant. OAH expects that recipients will implement activities focused on the goal of sustaining the project within 12 months of receiving funding and consistently throughout the project. OAH expects recipients to include a sustainability objective in their work plan, with corresponding objectives and activities focused on implementing strategies aimed at sustaining the project over time.

PROGRAMMATIC INVOLVEMENT OF THE FEDERAL AGENCY IN THE COOPERATIVE AGREEMENT

Awards will be in the form of a two-year cooperative agreement with the recipient. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial programmatic involvement is anticipated between OAH and the recipient during performance of the project or activity.

In addition to the usual monitoring and technical assistance provided under the cooperative agreement (e.g., assistance from assigned Federal project officer, monthly conference calls, occasional site visits, ongoing review of plans and progress, participation in relevant meetings, provision of training and technical assistance), OAH substantial programmatic involvement may include:

- 1) Prior approval for change of time that Key Personnel are dedicated to the project and for replacement of Key Personnel. Key Personnel includes any position that supports day-to-

day project management in addition to Project Director, such as Project Manager, Project Coordinator, etc. Key Personnel also includes the lead evaluator.

- 2) Consulting with the awardee throughout the preparation and dissemination of materials related to the project.
- 3) Review and approval of implementation and evaluation plans. Note funding levels for year two will depend on status of plan approvals and may be negotiated between OASH and the recipient.
- 4) Review project materials prior to use in the project to ensure the materials are medically accurate, if deemed necessary.
- 5) Review and approval of design and implementation of provisions in the FOA expectations section to ensure that optimal health priorities are practically implemented. Optimal health is a term that refers to the best possible outcomes for an individual's physical, emotional and social health.

AUTHORITY: Division H, Title II of the Consolidated Appropriations Act, 2018 (Public Law No. 115-141).

B. FEDERAL AWARD INFORMATION

The Office of Adolescent Health intends to make available up to \$61 million for competing cooperative agreements.

We will fund awards in annual increments (budget periods) and generally for a project period of up to 2 years, although we may approve shorter project periods. Funding for all approved budget periods beyond the first year of the award is contingent upon the availability of funds, satisfactory progress of the project, adequate stewardship of Federal funds, and the best interests of the Government.

Award Information

Estimated Federal Funds Available: up to \$61 million

Anticipated Number of Awards: approximately 270

Award Ceiling (Federal Funds including indirect costs): \$500,000 per budget period

Award Floor (Federal Funds including indirect costs): \$200,000

Anticipated Start Date: 09/01/2018

Project Period: Not to exceed 2 years

Budget Period Length: 12 months

Type of Award: Cooperative Agreement. Agency substantial involvement is outlined in the Project Description in Section A.

Type of Application Accepted: Electronic via Grants.gov **ONLY unless an exemption is granted**

C. ELIGIBILITY INFORMATION

1. Eligible Applicants.

- Nonprofit with or without 501(c)3 IRS status (other than institution of higher education)
- For-profit organizations (other than small business)
- Small, minority, and women-owned businesses
- Universities and colleges
- Research institutions
- Hospitals
- Community-based organization
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska Native tribally designated organizations

- Alaska Native health corporations
- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federal States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of States

2. *Cost Sharing or Matching* You are not required to provide cost sharing or matching in your proposed budget.

3. *Other Eligibility Information*

Application Responsiveness Criteria

We will review your application to determine whether it meets the following responsiveness criteria. If your application does not meet the responsiveness criteria, we will eliminate it from the competition and it will not be reviewed.

The applicant appears to have demonstrated:

- That it will serve, at a minimum, a population(s) within the community that has a teen birth rate, STD rate, sexual activity rate, or other measure of sexual risk that is either at or above the national average as published in a current federal report or one that has not experienced a decline commensurate with national declines as based on government reports.
- One of the two eligible programs is clearly identified.

Application Disqualification Criteria

If you successfully submit an application, we will screen it to assure a level playing field for all applicants. If we determine your application fails to meet the criteria described below we will disqualify it, that is, it will **not** be reviewed and will receive **no** further consideration.

- a) You must submit your application electronically via www.grants.gov (unless an exemption was granted 2 business days prior to the deadline) by the date and time indicated in the DATES section of this announcement.
- b) If you successfully submit multiple applications from the same organization for the same project, we will only review the last application received by the deadline.
- c) HHS/OASH/OGM deems your application eligible according to section C.1 *Eligible Applicants*.
- d) Your Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½ " x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
- e) Your Project Narrative must **not** exceed 50 pages. NOTE: The following items do not count toward the page limit: all required forms, including SF-424, SF-424A, SF-424B, SF-LLL, Project Abstract Summary, and Budget Narrative (including budget tables).
- f) Your total application, including the Project Narrative plus Appendices, must **not** exceed 100 pages. NOTE: items listed in "e" immediately above do not count toward total page limit.
- g) Your Federal funds request including indirect costs does **not** exceed the maximum indicated in Award Ceiling.
- h) Your Federal funds request including indirect costs is **not** below the minimum indicated in Award Floor.

- i) Your application meets the **Application Responsiveness Criteria** outlined above.

D. APPLICATION AND SUBMISSION INFORMATION

1. Address to Request Application Package

You may obtain an application package electronically by accessing Grants.gov at <http://www.grants.gov/>. You can find it by searching on the CFDA number shown on page 1 of this funding opportunity announcement. If you have problems accessing the application or difficulty downloading, contact:

Office of Grants Management

Phone: 240-453-8822

Email: ogm.oash@hhs.gov

2. Content and Form of Application Submission

i. Letter of Intent

If you plan to apply for this funding opportunity, you should submit a letter of intent as early as possible, but no later than the **deadline indicated in the DATES section of this announcement**.

Although you are not required to submit a letter of intent, the information that it contains allows HHS/OASH to estimate the potential review workload and plan the review. A letter of intent is not binding, and is not part of the review of a subsequent application. Your letter of intent should include a descriptive title of your proposed project, the name, street address, email address, and telephone number for the designated authorized representative of your organization, and the FOA number and title of this announcement. Your letter of intent should be sent to the address listed under the AGENCY CONTACTS in section G.

ii. Application Format

Your application must be prepared using the forms and information provided in the online application package.

The Project Narrative, and total application including appendices, must adhere to the page limit indicated in Application Disqualification Criteria listed in Section C.

You must double-space the Project Narrative pages.

You should use an easily readable typeface, such as Times New Roman or Arial. You *must* use 12-point font. You may single-space tables or use alternate fonts but you must ensure the tables are easy to read. The page limit does not include the Budget Narrative (including budget tables), required forms, assurances, and certifications as described in the Application Disqualification Criteria. Please do not number pages or include a table of contents. Our grants management system will generate page numbers once your application is complete.

If your application exceeds the specified page limits for the Project Narrative or Project Narrative plus Appendices when printed on 8.5” X 11” paper by HHS/OASH/OGM, we will not review it. We recommend you print out your application before submitting electronically to ensure that it is within the page limits and is easy to read.

Appendices

Your Appendices should include any specific documents outlined in Section D.2.iii., under the heading “Appendices” in the Application Content section of this funding opportunity announcement. Your documents should be easy to read. You should use the same formatting specified for the Project Narrative. However, documents such as resumes/CVs, organizational charts, tables, or letters of commitment may use formatting common to those documents, but the

pages must be easy to read. All of your appendices must be uploaded as a single, consolidated file in the Attachments section of your Grants.gov application.

Project Abstract Summary

You must complete the Project Abstract Summary form provided in the application package. The abstract will be used to provide reviewers with an overview of the application and will form the basis for the application summary in grants management and project summary documents. If your project is funded, HHS may publish information from your form; therefore, do not include sensitive or proprietary information.

Budget Narrative

The Budget Narrative should use the formatting required of the Project Narrative for the explanatory text. Budget tables may be single-spaced but should be laid out in an easily-readable format and within the printable margins of the page.

iii. Application Content

Successful applications will contain the following information:

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for an award under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components:

- Demonstrated Need of Community(ies) and Populations Served
- Selection of 1 of 2 Eligible Programs
- Technical Approach
- Capacity and Partnerships
- Project Management and Experience

Demonstrated Need of Community(ies) and Populations Served

You should:

- Describe the community(ies) and populations within the community that will be served, and demonstrate the need. The applicant must demonstrate that the population(s) served serves at a minimum, a population(s) within the community that has a teen birth rate, STD rate, sexual activity rate, or other measure of sexual risk that is either at or above the national average as published in a current federal report or one that has not experienced a decline commensurate with national declines.
- Describe the needs of youth, families/caregivers, and/or organizations within the community(ies) you are proposing to serve related to preventing teen pregnancy and associated risk factors, and improving adolescent health.
- Describe the resources already available within the community(ies) for youth, families, and organizations related to preventing teen pregnancy and associated risk factors, and improving adolescent health. Describe how the services provided through the award will contribute to and enhance the services already available.

- Describe how the needs and resources were identified, and how you will assess needs and resources on an ongoing basis to ensure the project continues to be aligned with changing needs.
- Describe the number of youth and families you plan to serve in the community(ies), and describe how the project is designed to maximize reach of those most in need of services. Provide specific details on how the estimates were obtained, including the total number of youth and families/caregivers in each community, and the percentage that will be served in each.

Selection of 1 of 2 Eligible Programs

You should:

- Describe the strategy selected for implementation (i.e., risk avoidance or risk reduction) and how the project addresses all of the key elements that align with the stated program (i.e., 9 key elements for effective risk avoidance programs [34] or 17 key elements of effective risk reduction programs [35]). If a project lies between the two programs, the applicant may choose either of the two programs to replicate, provided that a detailed description is given as to why that program is so determined.
 - Describe the curricula selected to replicate the effective elements of either the 9 key elements for effective risk avoidance programs [34] or 17 key elements of effective risk reduction programs [35].
3. Describe how the project will be implemented with youth, and optionally at (1) the systems level and (2) with families/caregivers. You may select more than one curricula to implement at each level. Provide details on the content and delivery, the intended audience, and how the

project addresses the science-based elements of one of the two programs: (1) Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs; (2) SMARTool.

- Describe how it was determined that the proposed program is a good fit for the community and population served.

Technical Approach

You should:

- State the goals, objectives, and desired outcomes of the overall project;
- Describe how the proposed approach will meet award expectations stated earlier in this FOA
- Describe how you will implement one of the two programs with youth in each community served. Describe the intended outcomes.
- Describe how your proposed approach for implementing effective programs to scale at the systems-level, with families/caregivers, and with youth is designed to have the greatest impact on preventing teen pregnancy, reducing associated risk behaviors, and promoting healthy adolescent development.
- Describe how the proposed project aligns with the needs and resources of the communities, families, and youth you intend to serve.
- Describe plans for actively engaging the community, families/caregivers, and youth in the implementation, improvement, and evaluation of the project.
- Describe plans for ensuring all required performance measures data are collected and reported to OAH semi-annually, and used for continuous quality improvement.
- Describe plans for conducting a formative/process and summative evaluation of the overall project.

Capacity and Partnerships

You should:

- Describe your organization's capacity and readiness to manage and implement the project.
- Provide a detailed description of all partners that will be involved in the project, including, but not limited to, those that will implement 1 of the 2 programs; those that will provide access to youth, families/caregivers, and systems that serve youth and families/caregivers within the community;
- Describe the roles and responsibilities for all partners, including subrecipients, on the award, including a clear delineation of the roles and responsibilities of staff from your organization, subrecipients, and partners and how they will contribute to achieving the project's objectives and outcomes. Include a signed Memoranda of Understanding or Letter of Commitment that clearly outlines roles, responsibilities, and commitment for all partners and subrecipients named in the application.
- For each partner and/or subrecipient that will be responsible for implementing projects at the systems-level, with families/caregivers, and/or with youth, describe their experience and expertise working with the target population.
- Describe your plan for monitoring partners and subrecipients, including how to ensure that all projects provided within the community are well-coordinated.

Project Management and Experience

You should:

- Describe your organization's experience and support for the proposed project. Describe how the project aligns with your organization's mission. Describe your organization's previous accomplishments working with the selected community(ies) and implementing projects with success. Indicate the scale of such implementation.
- Describe how you will manage, implement, and monitor the overall project. Describe the approach that will be used to monitor and track progress, completion, and quality of all objectives and activities.
- Provide a description of the project team. Describe the roles and responsibilities of all staff and how they will contribute to achieving the project's objectives and outcomes. Describe who will have day-to-day responsibility for key tasks.
- Describe the relevant experience and expertise of all known proposed staff. Describe your process and timeline for recruiting and hiring staff to fill all open positions on the project, including the experience and expertise that you will look for in successful candidates.
- Describe your plans for ensuring that all staff responsible for implementing the project, including partner staff, are well trained and prepared to successfully fulfill their roles and responsibilities.

Budget Narrative

You must complete the required budget forms and submit a budget narrative with detailed justification as part of your application. You must enter the project budget on the Budget Information Non-construction Programs standard form (SF 424A) according to the directions provided with this standard form. The budget narrative consists of a detailed line-item budget

that includes calculations for all costs and activities by "object class categories" identified on the SF-424A and justification of the costs. You must indicate the method you are selecting for your indirect cost rate. See Indirect Costs below for further information.

Project budget calculations must include estimation methods, quantities, unit costs, and other similar quantitative detail sufficient to verify the calculations. If matching or cost sharing is required, you must include a detailed listing of any funding sources identified in box 18 of the SF-424 (Application for Federal Assistance).

Please be sure to carefully review section D.6 Funding Restrictions for specific information regarding allowable, unallowable, and restricted costs.

You must provide an object class category budget using Section B, box 6 of the SF 424A for the first year of the proposed project. Provide a budget justification, which includes explanatory text and line-item detail, for the first year of the proposed project. The budget narrative should describe how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs.

For subsequent budget years, provide a summary narrative and line item budget. For categories or items that differ significantly from the first budget year, provide a detailed justification explaining these changes. Note, **do not** include costs beyond the first budget year in the object class budget in box 6 of the SF- 424A or box 18 of the SF-424; the amounts entered in these sections should only reflect the first budget year.

Your budget narrative should justify the overall cost of the project as well as the proposed cost per activity, service delivered, and/or product. For example, the budget narrative should define the amount of work you have planned and expect to perform, what it will cost, and

an explanation of how the result is cost effective. For example, if you are proposing to provide services to clients, you should describe how many clients are you expecting to serve, the unit cost of serving each client, and how this is cost effective.

Use the following guidelines for preparing the detailed object class budget required by box 6 of the SF-424A. The object class budget organizes your proposed costs into a set of defined categories outlined below. Both federal and non-federal resources (when required) must be detailed and justified in the budget narrative. "Federal resources" refers only to the HHS/OASH funds for which you are applying. "Non-federal resources" are all other non-HHS/OASH federal and non-federal resources. We recommend you present budget amounts and computations in a columnar format: first column, object class categories; second column, federal funds requested; third column, non-federal resources; and last column, total budget.

Sample Budget Table

Object Class	Federal Funds Requested	Non-federal Resources	Total Budget
Personnel	\$100,000	\$25,000	\$125,000

Note, subrecipient/contract and consultant detailed costs should all be included in those specific line items, not in the overall project object class line items, i.e., subrecipient travel should be included in the Contractual line item not in Travel.

Object Class Descriptions and Required Justifications

Personnel Description: Costs of staff salaries and wages, excluding benefits.

Personnel Justification: Clearly identify the project director or principal investigator, if known at the time of application. Provide a separate table for personnel costs detailing for each proposed staff person: the title; full name (if known at time of application), time commitment to the project as a percentage or full-time equivalent; annual salary and/or annual wage rate; federally funded award salary; non-federal award salary, if applicable; and total salary. No salary rate may exceed the statutory limitation in effect at the time you submit your application (see D.6 Funding Restrictions, *Salary Limitation* for details). Do not include the costs of consultants, personnel costs of delegate agencies, or of specific project(s) and/or businesses to be financed by the applicant. Contractors and consultants should not be placed under this category.

Sample Personnel Table

Position Title and Full Name	Percent Time	Annual Salary	Federally-funded Salary	Non-federal Salary	Total Project Salary
Project Director, John K. Doe	50%	\$100,000	\$50,000	\$0	\$50,000
Data Assistant, Susan R. Smith	10%	\$30,000		\$3,000	\$3,000

Fringe Benefits Description: Costs of employee fringe benefits unless treated as part of an approved indirect cost rate.

Fringe Benefits Justification: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, Federal Insurance Contributions Act (FICA) taxes, retirement insurance, and taxes.

Travel Description: Costs of travel by staff of the applicant organization only.

Travel Justification: For each trip proposed for applicant organization staff only, show the date of the proposed travel, total number of traveler(s); travel destination; duration of trip; per diem; mileage allowances, if privately owned vehicles will be used; and other transportation costs and subsistence allowances. **Do not** include travel costs for subrecipients or contractors.

Equipment Description: "Equipment" means an article of nonexpendable, tangible personal property having a useful life of more than one year per unit and an acquisition cost that equals or exceeds the lesser of: (a) the capitalization level established by the organization for the financial statement purposes, or (b) \$5,000. (Note: Acquisition cost means the net invoice unit price of an item of equipment, including the cost of any modifications, attachments, accessories, or auxiliary apparatus necessary to make it usable for the purpose for which it is acquired. Ancillary charges, such as taxes, duty, protective in-transit insurance, freight, and installation, shall be included in or excluded from acquisition cost in accordance with your organization's regular written accounting practices.)

Equipment Justification: For each type of equipment requested you must provide a description of the equipment; the cost per unit; the number of units; the total cost; and a plan for use of the equipment in the project; as well as a plan for the use, and/or disposal of, the equipment after the project ends. An applicant organization that uses its own definition for equipment should provide a copy of its policy, or section of its policy, that includes the equipment definition; include this with your Budget Narrative file. Reference the policy in this justification and include the policy copy in your Budget Narrative file (not your appendices).

Supplies Description: Costs of all tangible personal property other than those included under the Equipment category. This includes office and other consumable supplies with a per-unit cost of less than \$5,000.

Supplies Justification: Specify general categories of supplies and their costs. Show computations and provide other information that supports the amount requested.

Contractual Description: Costs of all contracts or subawards for services and goods except for those that belong under other categories such as equipment, supplies, construction, etc. Include third-party evaluation contracts, if applicable, and contracts or subawards with subrecipient organizations (with budget detail), including delegate agencies and specific project(s) and/or businesses to be financed by the applicant. This line item is not for individual consultants.

Contractual Justification: Demonstrate that all procurement transactions will be conducted in a manner to provide, to the maximum extent practical, open, and free competition. Recipients and subrecipients are required to use 45 CFR § 75.329 procedures and must justify any anticipated procurement action that is expected to be awarded without competition and exceeds the simplified acquisition threshold fixed by 41 U.S.C. § 134, as amended by 2 CFR § 200.88, and currently set at \$150,000. Recipients may be required to make pre-award review and procurement documents, such as requests for proposals or invitations for bids, independent cost estimates, etc., available to HHS/OASH.

Note: Whenever you intend to delegate part of the project to another agency, the applicant must provide a detailed budget and budget narrative for each subrecipient/contractor, by agency title, along with the same supporting information referred to in these instructions. If

you plan to select the subrecipients/contractors post-award and a detailed budget is not available at the time of application, the applicant must provide information on the nature of the work to be delegated, the estimated costs, and the process for selecting the delegate agency.

Other Description: Enter the total of all other costs. Such costs, where applicable and appropriate, may include but are not limited to: consultants; insurance; professional services (including audit charges); space and equipment rent; printing and publication; training, such as tuition and stipends; participant support costs including incentives, staff development costs; and any other costs not addressed elsewhere in the budget.

Other Justification: Provide computations, a narrative description, and a justification for each cost under this category.

Indirect Costs Description: Total amount of indirect costs. This category has one of two methods that an applicant may select. You may only select one.

1) Your organization currently has an indirect cost rate approved by the Department of Health and Human Services (HHS) or another cognizant federal agency. You should enclose a copy of the current approved rate agreement in your Budget Narrative file. If you request a rate that is less than allowed, your authorized representative must submit a signed acknowledgement that the organization is accepting a lower rate than allowed.

2) Per 45 CFR § 75.414(f) Indirect (F&A) costs, “any non-Federal entity [i.e., applicant] that has never received a negotiated indirect cost rate, ... may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. As described in § 75.403, costs must be consistently charged as either indirect or direct costs, but may not be double charged or inconsistently charged as both.

If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-Federal entity chooses to negotiate for a rate, which the non-Federal entity may apply to do at any time.”

This method only applies if you have never received an approved negotiated indirect cost rate from HHS or another cognizant federal agency. If you are waiting for approval of an indirect cost rate, you may request the 10% de minimis. If you choose this method, costs included in the indirect cost pool must not be charged as direct costs to the award.

Indirect Costs Justification: Provide the calculation for your indirect costs total, i.e., show each line item included in the base, the total of these lines, and the application of the indirect rate. If you have multiple approved rates, indicate which rate as described in your approved agreement is being applied and why that rate is being used. For example, if you have both on-campus and off-campus rates, identify which is being used and why.

Program Income Description: Program income means gross income earned by your organization that is directly generated by this project if funded except as provided in 45 CFR § 75.307(f). Program income includes but is not limited to income from fees for services performed or the use or rental of real or personal property acquired under the award. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also 45 CFR §§ 75.307, 75.407 and 35 U.S.C. §§ 200-212 (applies to inventions made under Federal awards).

Program Income Justification: Describe and estimate the sources and amounts of Program Income that this project may generate if funded. Unless being used for cost sharing, if

applicable, these funds should not be added to your budget. This amount should be reflected in box 7 of the SF-424A.

Non-Federal Resources Description: Amounts of non-federal resources that will be used to support the project as identified in box 18 of the SF-424. For all federal awards, any shared costs or matching funds and all contributions, including cash and third-party in-kind contributions, must be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the criteria listed in 45 CFR § 75.306. For awards that require matching by statute, you will be held accountable for projected commitments of non-federal resources in your application budgets and budget justifications by budget period or by project period for fully-funded awards, even if the justification by budget period, or by project period for fully-funded awards, exceeds the amount required. Your failure to provide the required matching amount may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. For awards that do not require matching or cost sharing by statute or regulation, where "cost sharing" refers to costs of a project in addition to Federal funds requested that you voluntarily propose in your budget, if your application is successful, we will include this non-federal cost sharing in the approved project budget and you will be held accountable for the non-federal cost-sharing funds as shown in the Notice of Award (NOA). Your failure to provide voluntary cost sharing of non-federal resources that have been accepted by HHS/OASH as part of the approved project costs and that are shown as part of the approved project budget in the NOA may result in the disallowance of federal funds. If you are funded, you will be required to report these funds on your Federal Financial Reports. Note, you will not receive any preference, priority, or special consideration in the funding process for voluntarily including non-Federal cost sharing in your proposed budget.

Non-federal Resources Justification: You must provide detailed budget information for every funding source identified in box 18. "Estimated Funding (\$)" on the SF-424. Provide this documentation as part of your Budget Narrative file, not your Appendices.

You must fully identify and document in your application the specific costs or contributions you propose in order to meet a matching requirement. You must provide documentation in your application on the sources of funding or contribution(s). In-kind contributions must be accompanied by a justification of how the stated valuation was determined. Matching or cost sharing must be documented by budget period (or by project period for fully-funded awards).

If your application does not include the required supporting documentation, it will not be disqualified from competitive review; however, it may impact your score under the evaluation criteria in Section V.1 of this announcement.

Plan for Oversight of Federal Award Funds

You must include a plan for oversight of federal award funds which describes:

- how your organization will provide oversight of federal funds and how award activities and partner(s) will adhere to applicable federal award and programmatic regulations.
- the organizational systems that demonstrate effective control over and accountability for federal funds and program income, compare outlays with budget amounts, and provide accounting records supported by source documentation.

- for any program incentives proposed, the specific internal controls that will be used to ensure only qualified participants will receive them and how they will be tracked.
- organizational controls that will ensure timely and accurate submission of Federal Financial Reports to the OASH Office of Grants Management and Payment Management Services as well as timely and appropriate withdrawal of cash from the Payment Management System.

The following budget restrictions apply:

- Applicants should budget no more than 30% of the total budget for evaluation activities in the first year, and no more than 50% in year 2, depending upon the readiness for summative evaluation, including the collection of performance measure data.

Recipients will be encouraged to attend the following meetings and trainings and should include funds in the budget. The location for the meetings has not been determined, however, grantees may budget for the meetings to occur in Washington, DC.

- One staff to an annual Project Director's Meeting

Appendices

All items described in this section will count toward the total page limit of your application. You must submit them as a single electronic file uploaded to the Attachments section of your Grants.gov application.

Work Plan

Include a detailed work plan for each year of the two-year project period. The work plan should reflect, and be consistent with, the Project Narrative and Budget Narrative. Each year's activities should be fully attainable in one budget year. You may propose multi-year activities, as

well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. Your work plan should include goals, SMART (specific, measurable, achievable, realistic, and time-phased) objectives, activities to accomplish each objective, and, for each activity, the person(s) responsible, timeline for completing activities, and measures of success. The work plan should be aligned with the expectations in this FOA.

Logic Model

Include a detailed logic model clearly depicting the inputs, activities, intended outputs, and short, intermediate, and long-term outcomes of the overall program.

Memoranda of Understanding or Letters of Commitment

Memoranda of Understanding (MOUs) or Letters of Commitment should be included for all organizations and entities that have been specifically named as a subrecipient or partner to carry out any aspect of the program. The signed MOUs or letters of commitment should detail the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant; demonstrate current commitment from the partners to the project being proposed in the application; and describe the organization's expertise, experience, and access to the selected population(s).

Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack specificity. Applicants should not provide letters of support.

Curriculum Vitae/Resume for Key Project Personnel

You must submit with your application curriculum vitae and/or resumes for the Project Director and other proposed key staff. Key personnel includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of your organization's program. Key Personnel includes any position that supports day-to-day project management in addition to Project Director, such as Project Manager, Project Coordinator, etc. Key Personnel also includes the lead evaluator.

Position Descriptions for Open Positions

Include with your application, position descriptions for key personnel positions that will need to be filled if funds are awarded.

3. Unique Entity Identifier and System for Award Management (SAM)

- You are required to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal awards through Grants.gov. It is a unique, nine-digit identification number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.
- You will find instructions on the Grants.Gov web site as part of the organization registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>.
- Your organization must register online in the System for Award Management (SAM). **Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations.**

- If you are registering a new entity in SAM.gov, you must mail an “Entity Administrator Notarized Letter” to the **FEDERAL SERVICE DESK**, ATTN: SAM.GOV Registration Processing. Your notarized letter with the details required must be mailed. Your registration will not be activated until the letter is submitted and reviewed. For detailed instructions on the content of the letter and process see: https://www.fsd.gov/fsd-gov/answer.do?sysparm_kbid=d2e67885db0d5f00b3257d321f96194b&sysparm_search=kb0013183
- A quick start guide for registrants is available at https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf. You should allow a *minimum* of five days to complete an initial SAM registration. Allow up to 10 business days *after you submit* your registration for it to be active in SAM. This timeframe may be longer if the information you provide is flagged for manual validation. You will receive an email alerting you when your registration is active.
- If your organization is already registered in SAM, you must renew your SAM registration *each* year. Organizations registered to apply for Federal awards through <http://www.grants.gov> will need to *renew* their registration in SAM.
- You should make sure your SAM registration information is accurate, especially your organization’s legal name and physical address including your ZIP+4. Should you successfully compete and receive an award, this information must be included on a Notice of Award. For instructions on updating this information see

https://gsafsd.service-now.com/fsd-gov/answer.do?sysparm_kbid=c3d982af6fb8d5006f348d412e3ee47e

- It may take 24 hours or more for SAM updates to take effect in Grants.gov, so if you plan to apply for this funding opportunity or think you might apply, you should *ensure your organization's registration is active in SAM well before the application deadline and will be active through the competitive review period.*
- If you are successful and receive an award, you must maintain an active SAM registration with current information at all times during which your organization has an active award or an application or plan under consideration by an HHS agency.

HHS/OASH cannot make an award until you have complied with these requirements. In accordance with 2 CFR § 25.205, at the time an award is ready to be made, if you have not complied with these requirements, HHS/OASH:

- May determine that you are not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Should you successfully compete and receive an award, all first-tier sub-award recipients must have a DUNS number at the time you, the recipient, make a sub-award.

4. Submission Dates and Times

You must submit your application for this funding opportunity by **the date and time indicated in the DATES section of this announcement.** Your submission time will be

determined by the date and time stamp provided by Grants.gov when you **complete** your submission.

If you fail to submit your application by the due date and time, we will not review it, and it will receive no further consideration. You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov> . Grants.gov can take up to 48 hours to notify you of a successful or rejected submission. You are better off having a less-than-perfect application successfully submitted and under consideration than no application.

If your submission fails due to a system problem with Grants.gov, we may consider your application if you provide verification from Grants.gov indicating system problems existed at the time of your submission **and that time was before the submission deadline**. A “system problem” does not include known issues for which Grants.gov has posted instructions regarding how to successfully submit an application such as compatible Adobe versions or file naming conventions. **As the applicant, it is your responsibility to review all instructions available on Grants.gov regarding successfully submitting an application.**

5. Intergovernmental Review

This program is not subject to the Intergovernmental Review requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100.

6. Funding Restrictions

Direct and Indirect Costs proposed and if successful, charged to the HHS/OASH award must be allowable, reasonable, necessary, and allocable in accordance with Department regulations and policy effective at the time of the award. Current requirements are codified at 45 CFR part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.” These requirements apply to you, the applicant, *and* any subrecipients. You should thoroughly review these regulations before developing your proposed budget.

Indirect costs may be included per 45 CFR § 75.414. See the Budget Narrative section of this announcement for more information. To obtain a negotiated indirect cost rate with the Federal Government you may contact the U.S. Department of Health and Human Services Cost Allocation Services (CAS) regional office that is applicable to your State. CAS regional contact information is available at <https://rates.psc.gov/fms/dca/map1.html>.

Pre-Award Costs:

Pre-award costs are not allowed.

Salary Rate Limitation:

Each year’s appropriations act limits the salary rate that you may be awarded and charge to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. As of January 7, 2018, the Executive Level II salary of the Federal Executive Pay scale is \$189,600. This amount reflects an individual’s base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary rate limitation also applies to subawards/subcontracts under an HHS/OASH award.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of

their time to this award, their base salary should be adjusted to \$189,600, their direct salary would be \$94,800 (50% FTE), fringe benefits of 25% would be \$23,700, and a total of \$116,875 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual's <i>actual</i> base full time salary: \$350,000	
50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
Amount that may be claimed on the application budget due to the legislative salary rate limitation:	
Individual's base full time salary <i>adjusted</i> to Executive Level II: \$189,600 50% of time will be devoted to the project	
Direct salary	\$94,800
Fringe (25% of salary)	\$23,700
Total amount	\$118,500

Appropriate salary rate limits will apply as required by law.

7. Other Submission Requirements

Electronic Submission

HHS/OASH requires that all applications be submitted electronically via the Grants.gov portal unless an exemption has been granted. If you submit an application via any other means of electronic communication, including facsimile or electronic mail, it *will not*

be accepted for review unless you receive an exemption as described in the DATES section of this announcement.

You may access the Grants.gov website portal at <http://www.grants.gov>.

Applications, excluding required standard forms, must be submitted as three (3) files (see acceptable file types below). One file must contain the entire Project Narrative, another the entire Budget Narrative including supporting documentation described in the Budget Narrative content section; and the third file must contain all documents in the Appendices. Any additional files submitted as part of the Grants.gov application will not be accepted for processing and will be excluded from the application during the review process.

Any files uploaded or attached to the Grants.gov application must be Adobe PDF, Microsoft Word, or image formats (JPG, GIF, TIFF, or BMP only) and must contain a valid file format extension in the filename. HHS/OASH strongly recommends that electronic applications be uploaded as Adobe PDF. If you convert to PDF prior to submission you may prevent any unintentional formatting that might occur with submission of an editable document. Please note, even though Grants.gov allows you to attach any file format as part of your application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format listed above will not be accepted for processing and will be excluded from the application during the review process.

Any file submitted as part of the Grants.gov application that contains password protection will not be accepted for processing and will be excluded from the application during the review process. We will not contact you for passwords or resubmission of unprotected files. Unprotected information in the application will be forwarded for consideration but password

protected portions will not. You should avoid submitting personally identifiable information such as personal contact information on résumés.

In addition, the use of compressed file formats such as ZIP, RAR, or Adobe Portfolio will not be accepted. We will not contact you for resubmission of uncompressed versions of files. Compressed information in the application will not be forwarded for consideration.

You must submit your application in a format that can easily be copied and read by reviewers. We do not recommend that you submit scanned copies through Grants.gov unless you confirm the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. If you submit documents that do not conform to these instructions, we will exclude them from your application during the review process.

Important Grants.gov Information

You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number, both of which can be found on page 1 of this funding opportunity announcement.

To ensure successful submission of your application, you should carefully follow the step-by-step instructions provided at <http://www.grants.gov/web/grants/applicants/apply-for-grants.html>. These instructions are kept up-to-date and also provide links to Frequently Asked Questions and other troubleshooting information. **You are responsible for reviewing all Grants.gov submission requirements on the Grants.gov site.**

You should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through Grants.gov. See Contacts below. See Section D.3 for requirements related to DUNS numbers and SAM registration.

E. APPLICATION REVIEW INFORMATION

1. Criteria: Federal staff and an independent review panel will assess all eligible applications according to the following criteria. Disqualified applications will not be reviewed against these criteria.

- Demonstrated Need of Community(ies) and Populations Served (15 points)
- Realistic, Practical, and Meaningful Application of Project Expectations and Priorities (25 points)
- Technical Approach (20 points)
- Capacity and Partnerships (15 points)
- Project Management and Experience (10 points)
- Performance Measures & Evaluation Plan (10 points)
- Reasonableness of Budget (5 points)

Demonstrated Need of Community(ies) and Populations Served: (15 points)

- The extent to which the applicant proposes a project that will reach community(ies), and populations within the community(ies) who need proposed services.
- The extent to which the applicant clearly identifies the needs of and resources of the community(ies), families/caregivers, and youth that it will serve related to preventing teen pregnancy and associated risk factors, and improving adolescent health.
- The extent to which the applicant proposes a project that will meet needs of the community(ies), families/caregivers, and youth that it will serve and enhance services already available in the community.

- The extent to which the applicant's proposed project will reach those youth and others for which the proposal seeks to serve, including families/caregivers and other community partners. The estimates provided are realistic and reasonable expectations for participation.
- The extent to which the applicant demonstrates that the program selected for implementation is a good fit for the community and population served.

Realistic, Practical, and Meaningful Application of Project Expectations and Priorities

(25 points)

The extent to which the proposed project meets the expectations as stated in the descriptive section of the FOA. (See pages 12-14 for further detail).

- Replication of effective elements as represented in one of two effective programs. For each individual curriculum and the overall project proposed for implementation, the applicant identifies how it addresses all of the key elements (i.e., 9 key elements for effective risk avoidance programs [34] or 17 key elements for effective risk reduction programs [35]).
- Applies to the proposal, general expectations that comport with public health protocols for addressing negative risk behaviors:
 - Weaving the goal of optimal health into every component of the project.
 - Clearly communicating of risk. Clearly communicates that teen sex is a risk behavior for both the physical consequences of pregnancy and sexually transmitted infections; as well as sociological, economic, and other related risks.

- Providing skills to avoid risk. Places a priority on providing information and practical skills to assist youth in successfully avoiding sexual risk.
- Providing cessation support. Provides affirming and practical skills for those engaged in sexual risk to make healthier and risk-free choices in the future.

Technical Approach (20 points)

- The extent to which the applicant provides a clear description of the proposed project, including the goal(s), objectives, activities, and desired outcomes in the project narrative, work plan, and logic model. The proposed objectives and activities are reasonable, realistic, and appear likely to meet the goals and desired outcomes of the project.
- The extent to which the applicant's plans for implementing 1 of the 2 programs seems likely to have positive impact on preventing teen pregnancy and associated risk factors, reducing disparities, and promoting healthy adolescent development in the community.

Capacity and Partnerships (15 points)

- The extent to which the applicant provides evidence to show that it has the capacity to implement the proposed project and is ready to begin implementing the project upon receipt of award funds.
- The degree to which partners and subrecipients are identified that will be involved in the project, including those that will be involved in the implementation of 1 of the 2 programs; those that will provide access to youth, families/caregivers, and systems that serve youth and families/caregivers within the community. A signed Memoranda of Understanding or Letter of Commitment clearly outlining roles, responsibilities, and commitment is provided for all partners and subrecipients named in the application.

- The roles and responsibilities for all partners and subrecipients are clearly described and likely to contribute to achieving the project's objectives and outcomes.
- The identified partners and subrecipients have the experience and expertise needed to effectively fulfill their roles and responsibilities on the project and deliver high quality services to the community, families/caregivers, and youth, as identified in the proposal. To the extent that the applicant will not provide all services directly, a description of the process and selection criteria used or to be used to select subrecipients, including a description of eligible entities for funding as subrecipients.
- The applicant has a clear and adequate plan for monitoring partners and subrecipients that will enable it to track program implementation and progress on meeting program goals and objectives, identify and address issues and challenges in real-time, and ensure coordination of efforts across partners and subrecipients.

Project Management and Experience (10 points)

- The extent to which the applicant organization demonstrates support for the project and has the relevant experience needed to ensure a successful project, including working with the community(ies) on implementing youth projects in such a way that they can achieve success at a large scale.
- The extent to which the applicant's project management plan is clear and appears adequate to effectively manage the project and obtain the desired outcomes.
- The extent to which the roles and responsibilities of the Project Director and other staff are clear and sufficient to meet the goals, objectives, and desired outcomes of the project.
- The extent to which the Project Director and other staff have/will have the experience and expertise needed to fulfill their roles and responsibilities on the project.

- The extent to which the applicant has a plan for recruiting, training, and engaging staff that appears likely to result in positions being filled quickly, well-trained staff, and minimal staff turnover.

Performance Measures & Evaluation Plan: (10 points)

- The applicant's plans for collecting, reporting, and using performance measure data and evaluating its project appear likely to result in timely, accurate, high-quality data that will be used for continuous quality improvements to the project.
- Formative, process/implementation evaluation and summative evaluation plans are reasonable, designed to replicate successful elements in one of the two science-based programs, and result in continuous improvement of the project throughout the course of the project.

Reasonableness of Budget: (5 points)

- The extent to which the applicant provides a detailed first-year budget and line item justification for all operating expenses that is consistent with the proposed project objectives.
- The extent to which the applicant provides a two-year budget for the project period that is consistent with the proposed project objectives and addresses increased effort for evaluation.
- The applicant's budget request appears well justified given the projects it plans to implement and the number of youth and families/caregivers it plans to serve.
- The total budget for evaluation activities are consistent with levels required in this FOA, including the collection of performance measure data.

2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that meet the responsiveness criteria, if applicable, and are not disqualified. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section E.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

The Director of the Office of Adolescent Health, in consultation with the Assistant Secretary for Health (ASH) will make final award selections to be recommended to the Grants Management Officer for risk analysis. In making these decisions, the Director of the Office of Adolescent Health, in consultation with the ASH may take into consideration the following additional factor(s):

- a) Geographic distribution of projects,
- b) Demographic diversity of populations to be served,
- c) Representation of project sites in communities of varying sizes, including rural, suburban, and urban communities, and
- d) Diversity of programs across projects.

All award decisions, including level of funding if an award is made, are final and you may not appeal.

3. Review of Risk Posed by Applicant

The HHS/OASH will evaluate, in accordance with 45 CFR § 75.205, each application selected for funding by the program official indicated in Review and Selection Process for risks before issuing an award. This evaluation may incorporate results of the evaluation of eligibility or the quality of an application. If we determine that a Federal award will be made, special conditions that correspond to the degree of risk assessed will be applied to the Federal award. Such conditions may include additional programmatic or financial reporting or releasing funds on a reimbursable rather than cash advance basis. OASH will use a risk-based approach and may consider any items such as the following:

- (a) Your financial stability;
- (b) Quality of management systems and ability to meet the management standards prescribed in 45 CFR part 75;
- (c) History of performance. Your record in managing Federal awards, if you are a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
- (d) Reports and findings from audits performed; and
- (e) Your ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

Prior to making a Federal award with a total Federal share greater than the simplified acquisition threshold (currently \$150,000), we are required to review and consider any

information about you that is in the designated integrity and performance system accessible through the System for Award Management (SAM) (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). You may, at your option, review information in SAM and comment on any information about yourself that a Federal awarding agency previously entered and is currently available through SAM. We will consider any comments by you, in addition to the other information in the designated system, in making a judgment about your integrity, business ethics, and record of performance under Federal awards when completing the review of risk.

If an we do not make an award to you because we determine your organization does not meet either or both of the minimum qualification standards as described in 45 CFR §75.205(a)(2), we must report that determination to FAPIIS, if certain conditions apply. At a minimum, the information in the system if you are a prior Federal award recipient must “demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics.” 45 CFR § 75.205(a)(2); see also 45 CFR §75.212 for additional information.

4. Anticipated Announcement and Federal Award Dates

HHS/OASH seeks to award funds as much in advance of the anticipated project start date shown in Section B “Federal Award Information,” as practicable, with a goal of 10-15 days. Note this is an estimated start date and award announcements may be made at a later date and with a later project period start date.

F. FEDERAL AWARD ADMINISTRATION INFORMATION

1. Federal Award Notices

HHS/ OASH does not release information about individual applications during the review process. If you would like to track your application, please see instructions at <http://www.grants.gov/web/grants/applicants/track-my-application.html>. The official document notifying you that a project application has been approved for funding is the Notice of Award (NOA), approved by a Grants Management Officer of the HHS/OASH OGM. If you are successful, you will receive this document via system notification from our grants management system (Grant Solutions) and/or via e-mail. This document notifies the successful recipient of the amount awarded, the purposes of the award, the anticipated length of the project period, terms and conditions of the award, and the amount of funding to be contributed by the recipient to project costs, if applicable.

If you receive an NOA, we strongly encourage you to read the entire document to ensure your organization's information is correct and that you understand all terms and conditions. You should pay specific attention to the terms and conditions, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the award for assistance and monitoring.

If you are unsuccessful or deemed ineligible according to the disqualification criteria, you will be notified by HHS/OASH by email and/or letter. If your application was reviewed by the independent review panel, you may receive summary comments pertaining to the application resulting from the review process. On occasion, you may receive a letter indicating that an application was approved but unfunded. These applications may be kept active for one year and

may be considered for award without re-competing should funds become available during the hold period.

2. Administrative and National Policy Requirements

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR part 75, currently in effect or implemented during the period of the award, or other Department regulations and policies in effect at the time of the award.

In addition, your organization must comply with all terms and conditions outlined in the Notice of Award, the U.S. Department of Health and Human Services (HHS) Grants Policy Statement (GPS), requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts. The current HHS GPS is available at <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf> Please note HHS plans to revise the HHS GPS to reflect changes to the regulations; 45 CFR parts 74 and 92 have been superseded by 45 CFR part 75.

You may only use award funds to support activities outlined in the approved project plan. If your application is funded, your organization will be responsible for the overall management of activities within the scope of the approved project plan. Please consult the HHS GPS Section II and 45 CFR § 75.308 for aspects of your funded project that will require prior approval from the Grants Management Officer for any changes. Modifications to your approved project that will require prior approval include, but are not limited to: a change in the scope or the objective(s) of the project or program (even if there is no associated budget revision, such as reduction in services, closing of service or program site(s)); significant budget revisions,

including changes in the approved cost-sharing or matching; a change in a key person specified in your application; reduction in time devoted to the project by the approved project director or principal investigator, either as percentage of full-time equivalent of 25% or more or absence for 3 months or more; or the subawarding, transferring or contracting out of any work that was not described in the approved proposal.

Program-specific Terms and Conditions

Prior approval is required for change of time or replacement of Key Personnel in addition to the Project Director/Principal Investigator. Key Personnel for this project are those that support day-to-day project management in addition to the Project Director, such as Project Manager, Project Coordinator, etc. Key Personnel also includes the lead evaluator.

Closeout of Award

Upon expiration of your project period, if we do not receive acceptable final performance, financial, and/or cash reports in a timely fashion within the closeout period, and we determine that closeout cannot be complete with your cooperation or that of the Principal Investigator/Project Director, we may elect to complete a unilateral closeout. (See F.3 Reporting below for closeout reporting requirements.) As a result, we may determine that enforcement actions are necessary, including on another existing or future award, such as withholding support or a high-risk designation.

Lobbying Prohibitions

You shall not use any funds from an award made under this announcement for other than normal and recognized executive legislative relationships. You shall not use funds for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

You shall not use any funds from an award made under this announcement to pay the salary or expenses of any employee or subrecipient, or agent acting for you, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

The above prohibitions include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Non-Discrimination Requirements

Pursuant to Federal civil rights laws, if you receive an award under this announcement you must not discriminate on the basis of race, color, national origin, disability, age, and in some cases sex and religion. The HHS Office for Civil Rights provides guidance for complying with civil rights laws that prohibit discrimination. <https://www.hhs.gov/civil-rights/index.html>.

HHS provides guidance to recipients of federal financial assistance on meeting the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency. See *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons*, 68 Fed. Reg. 47311, 47313 (HHS Office for Civil Rights, 2003, www.gpo.gov/fdsys/pkg/FR-2003-08-08/pdf/03-20179.pdf) You must ensure your contractors and subrecipients also comply with federal civil rights laws

The *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care* (National CLAS Standards), 78 Fed. Reg. 58539, 58543 (HHS Office of Minority Health, 2013, www.gpo.gov/fdsys/pkg/FR-2013-09-24/pdf/2013-23164.pdf), provides a practical framework for applicants to provide quality health care and services to culturally and linguistically diverse communities, including persons with limited English proficiency. Compliance with the National CLAS Standards meets the legal obligation to take reasonable steps to provide meaningful access to persons with limited English proficiency.

Smoke- and Tobacco-free Workplace

The HHS/OASH strongly encourages all award recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the

HHS/OASH mission to protect and advance the physical and mental health of the American people.

Acknowledgement of Funding and HHS Rights to Materials and Data

Federal support must be acknowledged in any publication you develop using funds awarded under this program, with language such as:

This publication (journal article, etc.) was supported by Award No. _____ from the Office of the Assistant Secretary of Health (OASH). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OASH.

All publications you develop or purchase with funds awarded under this announcement must be consistent with the requirements of the program. You own the copyright for materials that you develop under this award, and pursuant to 45 CFR § 75.322(b), HHS reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use those materials for Federal purposes, and to authorize others to do so. In addition, pursuant to 45 CFR § 75.322(d), the Federal government has the right to obtain, reproduce, publish, or otherwise use data produced under this award and has the right to authorize others to receive, reproduce, publish, or otherwise use such data for Federal purposes.

Trafficking in Persons

Awards issued under this funding opportunity announcement are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104). For the full text of the award term, go to http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html. If you are unable

to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/>

Pilot Whistleblower Protection

If you receive an award, you will be subject to a term and condition that applies the terms of 48 CFR § 3.908 to the award, and requires that you inform your employees in writing of employee whistleblower rights and protections under 41 U.S.C. § 4712 in the predominant native language of the workforce.

Same-sex Spouses, Marriages, and Households

A standard term and condition of award will be included in the final Notice of Award (NOA) that states: “In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By “same-sex spouses,” HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a

jurisdiction that recognizes same-sex marriage. By “same-sex marriages,” HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By “marriage,” HHS does not mean registered domestic partnerships, civil unions, or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage.”

3. Reporting

Performance Reports

You must submit performance reports on a quarterly basis. Your performance reports must address content required by 45 CFR § 75.342(b)(2). The awarding program office may provide additional guidance on the content of the progress report. You must submit your performance reports by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

You will also be required to submit a final performance report covering the entire project period 90 days after the end of the project period. You must submit the final report by upload to our grants management system (GrantSolutions.gov), in the Grant Notes module.

Performance Measures

All recipients will be expected to collect a common set of performance measures to assess project implementation. Depending upon the approach, unique measures may be included related to whether the project is observing intended outcomes. Recipients must collect all performance measures and report to OAH on a semi-annual basis (pending OMB approval). Performance

measures are submitted to OAH through the OAH Performance Measures website. Final performance measures will be provided to recipients during the first six months of funding and will include measures on reach, dosage, implementation of one of the two effective programs according to fidelity and quality, sustainability, partnerships, trainings, and dissemination.

In addition,

At the end of each funding year, the recipient will:

- Describe the results of the formative, process/implementation evaluation for the year, together with lessons learned and improvements made to the program as a result.
- Describe the proposed summative outcome/impact evaluation, as well as any changes to the original plan as a result of the previous year's evaluation and implementation.
- Describe how the recipient successfully wove optimal health into every component of the project, together with lessons learned and improvements that will be made the next grant cycle.
- Describe how the recipient clearly communicated that teen sex is a risk behavior to students, together with lessons learned and improvements that will be made the next grant cycle. .
- Provide specific examples of how the recipient shared meaningful information and practical skills to assist youth in successfully avoiding sexual risk together with lessons learned and improvements that will be made the next grant cycle.
- Describe how the recipient provided affirming and practical skills for those engaged in sexual risk to make healthier and risk-free choices in the future, together with lessons

learned and improvements that will be made the next grant cycle. In addition, applicants should:

- Describe how the recipient served populations most vulnerable to teen pregnancy, STDs, multiple partners and other risks associated with sexual activity, together with lessons learned and improvements that will be made the next grant cycle.
- Describe success in reinforcing healthy and age-appropriate decision-making throughout adolescence,
- Describe lessons learned and improvements that will be made the next grant cycle.

Financial Reports

You will be required to submit quarterly Federal Financial Reports (FFR) (SF-425). Your specific reporting schedule will be issued as a condition of award. You will also be required to submit a final FFR covering the entire project period 90 days after the end of the project period. You must submit FFRs via our grants management system (GrantSolutions.gov) FFR module.

Quarterly cash reporting to the HHS Payment Management System on the FFR is also required. Please note, at this time, these FFR reports are separate submissions via the Payment Management System. At this time, data is not transferable between the two systems and you will report twice on certain data elements.

Audits

If your organization receives \$750,000 or greater in Federal funds, it must undergo an independent audit in accordance with 45 CFR part 75, subpart F.

Non-competing Continuation Applications and Awards

Each year of the approved project period, you will be required to submit a noncompeting application which includes a progress report for the current budget year, and work plan, budget and budget justification for the upcoming year. Specific guidance will be provided via Grant Solutions well in advance of the application due date. HHS/OASH will award continuation funding based on availability of funds, satisfactory progress of the project, grants management compliance, including timely reporting, and continued best interests of the government. Additionally, failure to provide final progress or financial reports on other awards from HHS may affect continuation funding.

FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both recipient and sub-award organizations.

Reporting of Matters Relating to Recipient Integrity and Performance

If the total value of your currently active grants, cooperative agreements, and procurement contracts from all Federal awarding agencies exceeds \$10,000,000 for any period of time during the period of performance of this Federal award, then you must maintain the currency of information reported to the System for Award Management (SAM) that is made available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) about civil, criminal, or administrative proceedings described in paragraph A.2 of Appendix XII to 45 CFR part 75—Award Term and Condition for

Recipient Integrity and Performance Matters. This is a statutory requirement (41 U.S.C. § 2313).

As required by section 3010 of Public Law 111-212, all information posted in the designated integrity and performance system on or after April 15, 2011, except past performance reviews required for Federal procurement contracts, will be publicly available. For more information about this reporting requirement related to recipient integrity and performance matters, see Appendix XII to 45 CFR part 75.

Other Required Notifications

Before you enter into a covered transaction at the primary tier, in accordance with 2 CFR § 180.335, you as the participant must notify HHS/OASH, if you know that you or any of the principals for that covered transaction:

- (a) Are presently excluded or disqualified;
- (b) Have been convicted within the preceding three years of any of the offenses listed in 2 CFR § 180.800(a) or had a civil judgment rendered against you for one of those offenses within that time period;
- (c) Are presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses listed in 2 CFR § 180.800(a); or
- (d) Have had one or more public transactions (Federal, State, or local) terminated within the preceding three years for cause or default.

At any time after you enter into a covered transaction, in accordance with 2 CFR § 180.350, you must give immediate written notice to HHS/OASH if you learn either that—

- (a) You failed to disclose information earlier, as required by 2 CFR § 180.335; or
- (b) Due to changed circumstances, you or any of the principals for the transaction now meet any of the criteria in 2 CFR § 180.335.

G. CONTACTS

Administrative and Budgetary Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH grants management specialist listed below.

Roscoe Brunson

Office of Grants Management

1101 Wootton Parkway, Suite 550

Rockville, MD

Phone: 240-453-8822

Email: roscoe.brunson@hhs.gov

Program Requirements

For information on program requirements, please contact the program office representative listed below. Letters of Intent should be emailed to the address below.

Attn: OAH TPP Tier 1 FY2018 FOA

1101 Wootton Parkway, Suite 700

Rockville, MD 20852

Phone: 240-453-2846

Email: FY18TPPTier1_FOA@hhs.gov

Electronic Submission Requirements

For information or assistance on submitting your application electronically via Grants.gov, please contact Grants.gov directly. Assistance is available 24 hours a day, 7 days per week.

GRANTS.GOV Applicant Support

Website: www.grants.gov

Phone: 1-800-518-4726

Email: support@grants.gov

H. OTHER INFORMATION

Awards under this Announcement

We are not obligated to make any Federal award as a result of this announcement. If awards are made, they may be issued for project periods shorter than indicated. Only the grants officer can bind the Federal government to the expenditure of funds. If you receive communications to negotiate an award or request additional or clarifying information, this does not mean you will receive an award; it only means that your application is still under consideration.

Application Elements

The below is a summary listing of all the application elements required for this funding opportunity.

Application for Federal Assistance (SF-424)

Budget Information for Non-construction Programs (SF-424A)

Assurances for Non-construction Programs (SF-424B)

Disclosure of Lobbying Activities (SF-LLL)

Project Abstract Summary

Project Narrative – Submit all Project Narrative content as a single acceptable file, specified above.

Budget Narrative – Submit all Budget Narrative content as a single acceptable file, specified above.

Appendices – Submit all appendix content as a single acceptable file, specified above **in the Attachments section of your Grants.gov application**



5/8/18

Evelyn M. Kappeler, Director, OAH

Date

Appendix A - References

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Appendix B – Glossary of Terms and Definitions

Age Appropriate – appropriate for the general developmental and social maturity of the targeted age group (as opposed to the cognitive ability to understand a topic, or the atypical maturation, of a small segment of the targeted population).

Attrition - In random assignment studies, a loss of study participants can bias the study's impact estimates by creating differences in the characteristics of the treatment and control groups. Bias can arise from overall attrition (the percentage of study participants lost among the total study sample) or differential attrition (the difference in attrition rates between the treatment and control groups).

Baseline equivalence - In quasi-experimental comparison group studies and random assignment studies with high attrition, the use of well-matched treatment and comparison groups can minimize the risk of bias in the impact estimates. Therefore, in order to receive the moderate study rating, quasi-experimental comparison group studies and random assignment studies with high attrition are required to demonstrate that the intervention and comparison groups, for whom data are available at follow-up (i.e. the analytic sample), were similar at baseline/pre-intervention ($p > .05$, two-tailed test) on three key demographic characteristics: age or grade level, gender, and race/ethnicity as well as for the outcome(s) of interest for the proposed study.

Community Needs and Resource Assessment – A needs and resource assessment is a systematic way of gathering information that describes, in detail, the needs and resources of the priority population and the community.

Culturally and Linguistically Appropriate – Respectful of and responsive to the cultural and linguistic needs of the population being served.

Fidelity - Refers to the degree to which an implementer adheres to the core components of a program, the parts of the program or its implementation determined to be the key ingredients related to achieving the program's outcomes.

Fidelity Monitoring – Steps taken to ensure that a program is implemented with adherence to its core components. Fidelity monitoring often includes collecting data on fidelity and quality of implementation from facilitators through independent observations, reviewing and analyzing data on a regular basis, using data to provide feedback to facilitators and staff, and using the data to make continuous quality improvements to the program and its implementation.

Fit – Refers to how well a program matches, or is appropriate for, the community, organization, stakeholders, and potential participants (i.e., youth).

Health Disparities – A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or

physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion [37].

Key Staff - Includes those individuals who will oversee the technical, professional, managerial, and support functions and/or assume responsibility for assuring the validity and quality of the project. This includes at a *minimum* the Project Director, Project Manager/Project Coordinator, and Lead Evaluator.

Medical Accuracy – Information will be referenced to peer reviewed publications by educational, scientific, governmental, or health organizations.

Optimal Health - A term that refers to the best possible outcomes for an individual’s physical, emotional and social health.

Positive Youth Development – An intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances youths’ strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths [38].

Scale – Deliberate efforts to increase the impact of programs successfully tested in pilot or experimental projects so as to benefit more people.

Sexual Risk – engaging in any behavior that increases one’s risk for any of the unintended consequences of sexual activity, including, but not limited to pregnancy.

Strategic Dissemination and Communication – The targeted distribution and communication of information, knowledge, and results to specific audiences to complement and support the overall project.

Sustainability – The ability for projects to effectively leverage partnerships and resources to continue projects, services, and/or strategic activities that result in improvements in the health and well-being of adolescents.

System – A group of regularly interacting or interdependent organizations that together form a network for distributing something or serving a common purpose. For this FOA an existing system could include, but is not limited to schools, community colleges, existing after-school programs, juvenile detention facilities, or out-of-home care facilities.

Trauma-Informed Approach - Refers to how a project, agency, organization, or community thinks about and responds to those who have experienced or may be at risk for experiencing trauma; it refers to a change in the systems culture. In this approach, all components of the organization incorporate a thorough understanding of the prevalence and impact of trauma, the role that trauma plays, and the complex and varied paths in which people recover and heal from trauma” [36].

Appendix D: Rigorous Evaluation Design Plan Template

Impact Evaluation Design

Assignment Methods –Identify the study design for the proposed evaluation. Explain how the applicant would assign participants to the treatment and comparison groups. Describe the assignment mechanism and has justified that the proposed mechanism will produce equivalent groups (treatment and comparison conditions).

- If a *Randomized Controlled Trial* (RCT) is proposed: Identify the unit of random assignment and align it with the unit of analysis. Describe the procedures to conduct the random assignment, including who would implement the random assignment, how the procedure would be implemented, and procedures to verify probability of assignment groups, described and generated by random numbers. Discuss any concerns that proposed strategies or projects may lead to nonequivalent groups.
- If a *Quasi-Experimental Design* (QED) is proposed: Identify the unit of matching and aligns it with the unit of analysis. Describe procedures to carry out the matching. Describe how variables to be used in the matching are supported by precedent in the literature. Describe how methods used to form the comparison group are described and the validity of the matching. Describes reasons why the comparison group might differ from the treatment group and threaten internal validity, and discuss the ways in which the proposed methods adjust for those differences.
- If a *Regression Discontinuity Design* (RDD) is proposed: Identify the measures and cutoff score used to develop the treatment and comparison groups, and align the cut-off score with the unit of analysis. Describe how the cutoff score is delineated, and discuss how the cutoff score has sufficient range to constitute meaningful differences between the two groups to ensure internal validity.
- If *Interrupted Time Series Design* is proposed: Identify the measures to be tracked and the source(s) of administrative data. Describe methods to be used to ensure representative samples of the target population are drawn. Describe methods to be used to form the comparison group. Demonstrate that the number of time points to be measured prior to and after the intervention is sufficient to establish a trend and rule out rival explanations. Describe the timing of measures and their appropriateness to the strategy to be tested. Plans to include comparison cases should be provided, and comparison cases should be clearly described.
- Other, such as Rapid Cycle Evaluation, for rigorous component testing.

Research Questions - Include a list of research questions that align with the intended goals of the project and identify the protective factor(s) to be targeted. Identify outcome measures that can be used to reasonably evaluate the effect of the intervention (in particular, at least 1 sexual behavior outcome which success demonstrates a decrease in risk. (Eg delay in sexual debut, consistent and correct condom usage represent an appropriate sexual behavior outcome, but “condom at last intercourse” does not necessarily measure a decrease in risk).

Counterfactual and Context - Describe any services provided to the comparison group and contrast these services to those provided to individuals receiving the program or strategy. Describe how the services to be

provided to the intervention and comparison groups are different from each other and justify that the proposed project would be likely to change behavior and meaningful impacts on those behaviors detected during analysis.

Target Population - Clearly define the target population for the evaluation and identify the protective factor(s) to be targeted. Provide criteria that will be used to select a sample to evaluate the program or strategy. Provide justification that a large enough sample exists to evaluate the program or strategy.

Consent Methods - Provide an explanation of how the consent of participants will be acquired. Describe the estimated rate of consent for study participants and provides a reasonable justification of the expected consent rate.

Evaluation Process

Recruitment Methods - Provide an explanation of the plan to recruit participants for the study. Discuss and address any challenges the applicant might face when attempting to recruit participants.

Tracking Methods - Describe how the contact information of evaluation participants will be acquired and regularly updated. Explain how the contact information that will be acquired will be comprehensive enough to allow the applicant to remain in contact with participants throughout the study.

Plans for Retaining Sample in the Evaluation - Discuss the methods to maximize the participation of individuals who are part of the evaluation sample – both treatment and control/comparison groups. Describe why the retention methods discussed are likely to be approved by the IRB and would successfully improve participation. Describe and justify the expected survey response rates.

Monitoring - Describe the process for monitoring the quality of the evaluation as it is occurring. Include an examination of sample intake, response rates at baseline and follow-up, and participant participation.

Data, Instruments & Timing – Discuss what information would be gathered about how closely the actual implementation of the strategy matches the planned implementation, the quality of the services provided within the treatment group, and the experiences of the comparison group and any contextual factors that might impact the strategy's outcomes. Describe any additional measures and information that the implementation analysis will gather. Describe when the implementation data will be collected and who will collect the data.

Document the procedures for collecting input and output data for the implementation analysis. Provide a detailed description of the impact survey that will be administered. Describe how the survey would gather information for each measure that the applicant will use to evaluate the impact of the strategy. Clearly define the timing of data collection relative to the delivery of the intervention. Describe plans to collect implementation data, and impact survey data at 3 points in time from study participants.

Justify how the evaluation timeline provides adequate time for planning and final analysis, including developing a final report by the end of the project. Describe clearly timing of strategy administration, data collections (including a complete analysis of long-term outcomes), and the reporting process, can be completed by the end of project funding.

Procedures/Modes of data collection - Discuss a process for protecting human subjects and a timeline for acquiring the approval of an IRB. Identify the IRB to be used during the study. Provide a detailed explanation of the data collection process, including who will collect the data and primary and secondary methods for contacting participants. Indicate how proposed staffing staff is sufficient to support the data collection effort. Describe any systems that will be used to enter and store data. Discuss whether the mode of data collection is the same for the intervention and control groups. Include the expected sample sizes at each data collection point. If administrative records (such as, but not limited to, school academic records) will be used, describe the source and availability of these data as well as the evaluator's experience using these data sources. Describe any limitations of the proposed evaluation and how the evaluator will attempt to address any limitations described.

Sampling Plan and Power Analyses – Provide an estimate of the statistical power for the study and describe how the power is consistent with study design. Describe the statistical power analysis used to arrive at the sample size and includes the Minimum Detectable Effect (MDE) that has an 80% chance of being statistically significant at a specific alpha level, for each outcome. Describe the outcomes and assumptions used in the statistical power calculations. Explain how assumptions for the MDE calculation are consistent with information presented earlier in the proposal (e.g., the number of participants in the study, after non-consent and non-response). Justify why the study will find an effect larger than the MDE calculated. State whether any analyses of subgroups are planned, and if subgroup analyses are planned, present additional statistical power analyses to estimate those MDEs.

Formative, Process/Implementation Evaluation Design

Formative, Process/Implementation Evaluation Design – Describe the plan to initiative formative evaluation and assess the implementation of the program/strategy, including, but not limited to, monitoring implementation fidelity (adherence), quality, , and contextual factors. Describe any inputs or outputs that would be measured to assess implementation. Include plans to continue this evaluation throughout the entire period of the project.

Evaluator Qualifications and Capacity

Evaluator Qualifications – Identify the proposed evaluator by name. Describe the proposed evaluator's track record of conducting similar high-quality impact and implementation analyses of similar programs/strategies. Describe the evaluator's education, training, and previous experience conducting similar studies, using similar methods as proposed, and/or at a similar scale (that is, a similar number of sites). Demonstrate that the evaluator

has sufficient staffing to complete all aspects of the study, including data collection, data analyses, and evaluation monitoring.

Example Work plan Templates Example Work plan
Template #1

(Note: Work Plan may be submitted as narrative or other format)
September 1, 2018 – August 31, 2019

Recipient Name _____

Funds Requested _____

Goal 1:

Objective 1:

Rationale for Objective 1:

Measures of Accomplishment for Objective 1:

- a.
- b.
- c.

<i>Activities</i> in support of Objective 1:	Person/agency responsible for <i>Accomplishing Activities</i> .	Activity <i>Timeline</i> .
a.	a.	a.
b.	b.	b.
c.	c.	c.

Example Work plan Template #2

September 1, 2018 – August 31, 2019

Recipient Name _____

Funds Requested _____

Goal I: Goal Statement															
Objectives	Activities	Timeline												Measures of Accomplishment	Person Responsible
		S	O	N	D	J	F	M	A	M	J	J	A		
Objective 1: Objective Rationale:	Activity 1:														
	Activity 2:														
	Activity 3:														
	Activity 4:														
	Activity 5:														
Objective 2: Objective Rationale:	Activity 1:														
	Activity 2:														
	Activity 3:														

Work plan Instructions

- 1) **Name:** Name of the recipient organization.
- 2) **Funds Requested:** Funds requested for project period.
- 3) **Goal 1:** A broad statement of project purpose which describes the expected long-term effects of the project. Goals should address the project's effect on the intended outcomes and identify the target population to be affected. Although only Goal I is shown as an example in the suggested work plan format, you should include all programmatic goals in your work plan.
- 4) **Objective 1:** A statement describing the results to be achieved and the manner in which these results will be achieved. Objectives should be **SMART**, that is, **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-phased. **Specific** objectives include *who* will be targeted and *what* will be accomplished; **measurable** objectives include *how much* change is expected specifically enough that achievement of the objective can be measured through counting or through documenting change or completion; **achievable** objectives can be realistically accomplished given existing resources and constraints; **realistic** objectives address the scope of the problem and reasonable programmatic steps; and **time-phased** objectives provide a time line indicating when the objective will be measured or a time by which the objective will be met. Although we only include one-two objectives in the example work plan template, you should list all objectives that support each goal in your work plan.
- 5) **Rationale for the Objective:** why you think the objective will contribute to accomplishing the goal. The objective should relate to the goal and should link to outcomes on the logic model leading to the desired outcomes. In addition, you may provide context that shows why this objective is necessary given your project's resources or constraints.
- 6) **Activities** - describe anticipated events that will take place as part of your project in support of the objective. Although we only include a few activities in the example work plan template for each objective, you should list all activities for each objective.
- 7) **Timeline for Activities** – identify when the activity will be implemented.
- 8) **Measurement of Accomplishment** – these are the quantifiable criteria that describe how you know if you succeeded in accomplishing an objective. Measures might include target numbers or they might include quantifiable changes or completion of an activity.
- 9) **Person Responsible** - who is most responsible for ensuring that each activity is accomplished.

Logic Model Example Template

(Note: Logic Model may be submitted as narrative or other format)

Project Name _____

Goal: _____

INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES <small>~ 1-2 years</small>	INTERMEDIATE OUTCOMES <small>~ 3-5 years</small>	LONG-TERM OUTCOMES <small>~ 5 or more years</small>
➡	➡	➡	➡	➡	➡
		Data Sources:	Data Sources:	Data Sources:	Data Sources: